

FEB 29 2012

Please type or print in ink.

2012 MAR -1 PM 4:47

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Rubio

Michael

J.

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

Senator, 16th District

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/29/12
(month, day, year)

Signature

Interests in Real Property (Including Rental Income)

Michael J. Rubio

* Select from drop down list

[illegible]

Schedule D
Income - Gifts

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Michael J. Rubio	

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Democratic Party	1401 21st Street, Suite 200 Sacramento, CA	95814		1/18-19/11	\$195.32	Meals / Reception at the Senate Caucus Policy Conference
Apple Store Arden Fair	1689 Arden Way Sacramento, Ca	95815	Voter Outreach Taking Action (VOTA)	03/17/11	\$274.30	iPad Gift (1/2 / its pro-rata share)
Apple Store Arden Fair	1689 Arden Way Sacramento, Ca	95814	CA Latino Caucus Leadership PAC	03/17/11	\$274.30	iPad Gift (1/2 / its pro-rata share)
PG&E	1415 L Street, Suite 280 Sacramento, CA	95814		03/30/11	\$105.90	Dinner
AMGEN Tour of CA - Gala	One Amgen Center Dr. Thousand Oaks, CA	91320		05/13/11	\$420.00	Two tickets
Personal Insurance Federation of California (PIFC)	1201 K Street, Suite 1220 Sacramento, CA	95814		7/22/11 - 7/23/11	\$411.00	Five gift items / 2011 Governor's Cup
Coalition for a Safer CA	1020 12th Street, Suite 408 Sacramento, CA	95814		7/22/11 - 7/23/11	\$400.00	Spa gift card / 2011 Governor's Cup
MillerCoors	Roseville, CA	95661		7/30/2011	\$52.04	Dinner
Anheuser Busch	1201 K Street, Suite 730 Sacramento, CA	95814		7/30/2011	\$42.84	Annual Meeting of the Council of State Governments-WEST (CSG-WEST) Dinner
Diago	1101 38th Street Sacramento, CA	95816		7/31/2011	\$35.90	Annual Meeting of the Council of State Governments-WEST (CSG-WEST) Dinner
Kaiser Foundation Health Plan	1215 K Street, Suite 2030 Sacramento, CA	95814		8/16/2011	\$46.71	Breakfast
Lumber Association of California & Nevada	177 Parkshore Drive Folsom, CA	95630		08/23/11	\$86.64	Breakfast
California Rice Industry Association	8801 Folsom Blvd., Suite 172 Sacramento, CA	95842		9/26/2011	\$72.77	Dinner

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

- You must mark either the gift or income box.
- You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
Applied Materials Clean Energy Roundtable	3050 Bowers Ave. Santa Clara, CA 95054	7/24/11 - 7/25/11	\$638	Gift	Lodging & Meals / Speaker at Conference
Applied Materials Clean Energy Roundtable	3050 Bowers Ave. Santa Clara, CA 95054	7/24/11 - 7/25/11	\$228	Gift	Spouse - Reception
California Foundation on the Environment and the Economy (CFEE)	Pier 35, Suite 202 San Francisco, CA 94133	10/10/11 - 10/11/11	\$549	Gift	Lodging & Meals / Participated in Conference
California Independent Petroleum Association	1001 K Street, 6th Floor Sacramento, CA 95814	11/30/2011	\$946	Gift	Lodging & Meals / Speaker at Conference
California Correctional Peace Officers Association (CCPOA)	755 Riverpoint Drive, West Sacramento, CA 95605	7/22/11 - 7/23/11	\$1,848	Gift	Lodging & Meals / Speaker at 2011 Governor's Cup

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

TP

▶ NAME OF SOURCE

Voter Outreach Taking Action (VOTA)

ADDRESS (Business Address Acceptable)

400 Capitol Mall, 22nd Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 11	\$ 274.30	iPad (paid for 1/2)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

CA Latino Caucus Leadership PAC

ADDRESS (Business Address Acceptable)

400 Capitol Mall, 22nd Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Filer's Verification

Print Name Michael J. Rubio

Office, Agency
or Court California State Senate

Statement Type ☒ 2011/2012 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 10, 2012

Filer's Signature (c)(1)

Comments: _____